SENDER WILL CHECK CLAS CATION TOP AND BOTTOM UNCLASSIFIED CONFIDENTIAL SECRET OFFICIAL ROUTING SLIP то NAME AND ADDRESS DATE INITIALS 1 Dr. Ernst, Chmn., EIC 2 VChmn., EIC 3, 3 Exec. Sec., EIC 4 EIC File 5 6 **ACTION** DIRECT REPLY PREPARE REPLY **APPROVAL** DISPATCH RECOMMENDATION COMMENT RETURN CONCURRENCE INFORMATION **SIGNATURE** Remarks: FOLD HERE TO RETURN TO SENDER FROM: NAME, ADDRESS AND PHONE NO. DATE EIC/S, 4 F 19, Hq., x5021 9 Mar 72 UNCLASSIFIED CONFIDENTIAL SECRET

25X1A9a 25X1A9a

FORM NO. 237

Use previous editions

TRANSMIT	TAL SLIP	DATE 8	March	1972	
TO: Dr. M	laurice E	rnst			
ROOM NO. 4F18	BUILDING	s.			
REMARKS:					
FROM: OSR	/SF/N - 2-	G-05 F	Hdqrs -	X-4203	
ROOM NO.	BUILDING	-	EX	TENSION	
FORM NO . 241	REPLACES FORM 3	5-8 FD		******	(

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